

**NEW HAMPSHIRE
MEDICAL CARE ADVISORY COMMITTEE**

Department of Health & Human Services ♦ Office of Medicaid Business and Policy
129 Pleasant Street Annex 1 ♦ Concord, NH 03301
1-800-852-3345 Ext. 5254 ♦ Fax (603) 271-8431

Douglas McNutt
Chairperson

Denise Brewitt
Co-Chairperson

APPLICATION

NAME: _____

TITLE: _____

BUSINESS
ADDRESS: _____

RESIDENCE: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

Minutes & Correspondence should be mailed to: _____ Business Address _____ Residence

I shall be representing: _____

SIGNATURE: _____ DATE: _____

Please provide a short paragraph describing why you are interested and what you can bring to the committee. (Use the back or attach a sheet if necessary)

My Alternate will be:

Name: _____

Address: _____

Telephone: _____

Return to completed application to:
Kelly Cote
DHHS OMBP
129 Pleasant St Annex 1
Concord NH 03301